

SERFF Tracking Number: LFPL-127356492 State: Arkansas
Filing Company: Kanawha Insurance Company State Tracking Number: 49482
Company Tracking Number:
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: Kanawha LTC Annual Reports 2010
Project Name/Number: /

Filing at a Glance

Company: Kanawha Insurance Company

Product Name: Kanawha LTC Annual Reports 2010 SERFF Tr Num: LFPL-127356492 State: Arkansas

TOI: LTC06 Long Term Care - Other SERFF Status: Closed-Accepted State Tr Num: 49482
For Informational Purposes

Sub-TOI: LTC06.000 Long Term Care - Other Co Tr Num: State Status: Filed-Closed
Filing Type: Form Reviewer(s): Stephanie Fowler
Author: Mary Boyden Disposition Date: 08/25/2011
Date Submitted: 08/05/2011 Disposition Status: Accepted For
Informational Purposes
Implementation Date: Implementation Date:

Implementation Date Requested:

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Pending
Project Number: Date Approved in Domicile:
Requested Filing Mode: Informational Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 08/25/2011
State Status Changed: 08/25/2011

Deemer Date: Created By: Mary Boyden
Submitted By: Mary Boyden Corresponding Filing Tracking Number:
Filing Description:
RE: State Reports for the Calendar Year 2010

Attached please find a the state Long Term Care annual reporting for the year 2010 for Kanawha Insurance Company, in compliance with state Regulations. A letter of filing authorization is attached.

If you have any questions pertaining to this data, please contact me via email at mboyden@lifeplansinc.com, by phone at 800-525-7279, or by fax at 781-893-6905.

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Company and Contact

Filing Contact Information

Mary Boyden, Filing Consultant mboyden@lifeplansinc.com
 51 Sawyer Road 781-893-7600 [Phone] 312 [Ext]
 Suite 340 781-893-6905 [FAX]
 Waltham, MA 02453

Filing Company Information

(This filing was made by a third party - lifeplansinc)

Kanawha Insurance Company	CoCode: 65110	State of Domicile: South Carolina
210 South White Street	Group Code:	Company Type:
P.O.Box 610	Group Name:	State ID Number:
Lancaster, SC 29721-0610	FEIN Number: 00-570380426	
(877) 378-1505 ext. [Phone]		

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Kanawha Insurance Company	\$0.00	08/05/2011	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Stephanie Fowler	08/25/2011	08/25/2011

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Disposition

Disposition Date: 08/25/2011

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Authorization Letter	Accepted for Informational Purposes	No
Supporting Document	AR Reporting 2010	Accepted for Informational Purposes	No

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification		
Bypass Reason:	NA LTC Reporting		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	NA LTC Reporting		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification		
Bypass Reason:	NA LTC Annual Reporting		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage		
Bypass Reason:	NA LTC Reporting		
Comments:			
		Item Status:	Status Date:
Satisfied - Item:	Authorization Letter	Accepted for Informational Purposes	08/25/2011
Comments:			
Attachment:			
Kanawha Authorization Letter 2011.pdf			

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Product Name: Kanawha LTC Annual Reports 2010
Project Name/Number: /

	Item Status:	Status Date:
Satisfied - Item: AR Reporting 2010	Accepted for Informational Purposes	08/25/2011

Comments:

Attachment:

AR Reporting 2010.pdf

KANAWHA
INSURANCE COMPANY

210 South White Street
P.O. Box 610
Lancaster, SC 29721-0610

Phone: 877-378-1505
Fax: 803-416-5957

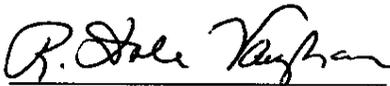
DATE: August 1, 2011

TO: State Insurance Department

RE: Long Term Care Insurance

I hereby authorize our filing consultants Mary Boyden and Bryan Kendall of LifePlans, Inc. to communicate with Insurance Department, review and submit forms, rates, reports and receive information from the Department with respect to the Long Term Care Insurance filings for Kanawha Insurance Company.

Any questions concerning this authorization should be brought to my immediate attention.



Signature of Company Officer

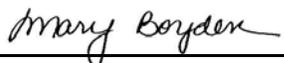


Name/Title

**ANNUAL LONG-TERM CARE INSURANCE SUITABILITY REPORT
FOR THE STATE OF ARKANSAS FOR THE REPORTING YEAR 2010**

Company Name: Kanawha Insurance Company Due: June 30 annually
 Company Address: P.O. Box 541049 Waltham, MA 02454-1049
 Company NAIC Number: 77399
 Contact Person: Mary Boyden, Filing Consultant Phone Number: 800-525-7279, ext. 312

The number of applications received from residents of the state	The number of applicants who declined to provide information on the personal worksheet	The number of applicants that did not meet our suitability standards	The number of applicants that chose to confirm coverage after receiving a suitability letter
None	None	None	None

Signature: 

Name and Title: Mary Boyden
Filing Consultant
LifePlans, Inc.

Claims Denial Reporting Form Long-Term Care Insurance

For the State of ARKANSAS For the Reporting Year of 2010

Company Name: Kanawha Insurance Company Due: June 30 annually
 Company Address: P.O. Box 541049 Waltham, MA 02454-1049
 Company NAIC Number: 77399
 Contact Person: Mary Boyden, Filing Consultant Phone Number: 800-525-7279, ext. 312

Line of Business: Individual Group

Instructions

The purpose of this form is to report all long-term care claim denials under in force long-term care insurance policies. "Denied" means a claim that is not paid for any reason other than for claims not paid for failure to meet the waiting period or because of an applicable preexisting condition.

		State Data	Nationwide Data ¹
1	Total Number of Long-Term Care Claims Reported	2	922
2	Total Number of Long-Term Care Claims Denied/Not Paid	0	87
3	Number of Claims Not Paid due to Preexisting Condition Exclusion	0	0
4	Number of Claims Not Paid due to Waiting (Elimination) Period Not Met	0	9
5	Net Number of Long-Term Care Claims Denied for Reporting Purposes (Line 2 Minus Line 3 Minus Line 4)	0	78
6	Percentage of Long-Term Care Claims Denied of Those Reported (Line 5 Divided By Line 1)	0.00%	8.46%
7	Number of Long-Term Care Claim Denied due to:		
8	• Long-Term Care Services Not Covered under the Policy ²	0	3
9	• Provider/Facility Not Qualified under the Policy ³	0	1
10	• Benefit Eligibility Criteria Not Met ⁴	0	64
11	• Other	0	10

1. The nationwide data may be viewed as a more representative and credible indicator where the data for claims reported and denied for your state are small in number.
2. Example—home health care claim filed under a nursing home only policy.
3. Example—a facility that does not meet the minimum level of care requirements or the licensing requirements as outlined in the policy.
4. Examples—a benefit trigger not met, certification by a licensed health care practitioner not provided, no plan of care.

**RECISSION REPORTING FORM FOR LONG-TERM CARE INSURANCE POLICIES
FOR THE STATE OF ARKANSAS FOR THE REPORTING YEAR 2010**

Company Name: Kanawha Insurance Company

Address: P.O. Box 541049

Waltham, MA 02454-1049

Phone Number: 800-525-7279, ext. 312

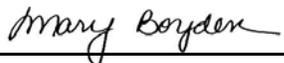
Due: March 1 annually

Instructions:

The purpose of this form is to report all rescissions of policies or certificates of long-term care insurance. Those rescissions voluntarily effectuated by an insured are not required to be included in this report. Please furnish one form per rescission.

Policy Form #	Policy and Certificate #	Name of Insured	Date of Policy Issuance	Date/s Claim/s Submitted	Date of Rescission
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Detailed reason for rescission: **No long-term care policies were rescinded in 2010.**

Signature: 

Name and Title: Mary Boyden
Filing Consultant
LifePlans, Inc.

Long-Term Care Insurance Replacement and Lapse Reporting Form

For the State of **ARKANSAS**

For the Reporting Year of 2010

Company Name: Kanawha Insurance Company Due: June 30 annually
 Company Address: P.O. Box 541049 Waltham, MA 02454-1049 Company NAIC Number: 77399
 Contact Person: Mary Boyden, Filing Consultant Phone Number: 800-525-7279, ext. 312

Instructions

The purpose of this form is to report on a statewide basis information regarding long-term care insurance policy replacements and lapses. Specifically, every insurer shall maintain records for each agent on that agent's amount of long-term care insurance replacement sales as a percent of the agent's total annual sales and the amount of lapses of long-term care insurance policies sold by the agent as a percent of the agent's total annual sales. The tables below should be used to report the ten percent (10%) of the insurer's agents with the greatest percentages of replacements and lapses.

Listing of the 10% of Agents with the Greatest Percentage of Replacements

Agent's Name	Number of Policies Sold By This Agent	Number of Policies Replaced By This Agent	Number of Replacements As % of Number Sold By This Agent
None	None	None	None

Listing of the 10% of Agents with the Greatest Percentage of Lapses

Agent's Name	Number of Policies Sold By This Agent	Number of Policies Lapsed By This Agent	Number of Lapses As % of Number Sold By This Agent
None – LTCI not available for sale	None	0	None

Company Totals

Percentage of Replacement Policies Sold to Total Annual Sales N/A %
 Percentage of Replacement Policies Sold to Policies In Force (as of the end of the preceding calendar year) N/A %
 Percentage of Lapsed Policies to Total Annual Sales N/A %
 Percentage of Lapsed Policies to Policies In Force (as of the end of the preceding calendar year) 0 %

